

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12702

STATE FILE NUMBER

-62-049526

FILED JAN 16 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST. LOUIS

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO

b. COUNTY

c. CITY OR TOWN

ST. LOUIS

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION HOMER PHILLIPS

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1909 LAFLIN

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First John

Middle

Last Harris

4. DATE OF DEATH

Month 12 - Day 29 - Year 62

5. SEX

Male

6. COLOR OR RACE

Colored

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/8/1914

9. AGE (last birthday)

48

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Miss U.S.A

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Ben Harris

13b. MOTHER'S MAIDEN NAME

Maggie Jenkins

14. NAME OF HUSBAND OR WIFE

Virginia Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Virginia Harris: 1909 LAFLIN

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

Coronary Artery Disease

DUE TO (c)

Cirrhosis of the Liver Death Throats Infection

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

815 to 9

and last saw her alive on

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

1-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1/5/63

23c. NAME OF CEMETERY OR CREMATORY

Father Dickson

23d. LOCATION (City, town, or county)

ST. LOUIS CO., MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

W. ROBINSON & SONS: 2911 FRANKLIN AVE

25. DATE RECD. BY LOCAL REG.

JAN 3 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300 Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4628

P. O. Address 1238 N. Highland Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.